Fill in this infor	mation to identify your case:					irected in this form and	in Form
Debtor 1	Emma Christine Everett		122	2A-1Supp:			
Debtor 2				☐ 1. Ther	e is no pres	umption of abuse	
(Spouse, if filing)				■ 2 The	calculation t	o determine if a presu	motion of abuse
United States	Bankruptcy Court for the: Southern District of	f Mississippi	'	appl	ies will be n	nade under Chapter 7	
Case number	25-50650			Cald	culation (Off	icial Form 122A-2).	
(if known)						does not apply now be service but it could ap	
				☐ Check	if this is a	n amended filing	
Official F	orm 122A - 1						
Chapter	7 Statement of Your Cur	rent Mon	thly Inc	ome			12/19
attach a separat case number (if qualifying milita	and accurate as possible. If two married people a e sheet to this form. Include the line number to w known). If you believe that you are exempted fror ry service, complete and file Statement of Exemp alculate Your Current Monthly Income	hich the additiona n a presumption o	al information a of abuse becau	applies. On se you do	the top of a not have prir	ny additional pages, wri narily consumer debts o	te your name and or because of
	our marital and filing status? Check one on						
	parried. Fill out Column A, lines 2-11.	ıy.					
	ed and your spouse is filing with you. Fill ou	t both Columns	A and B. lines	2-11.			
_	ed and your spouse is NOT filing with you.		·				
	ing in the same household and are not lega		'	lumns A a	nd Blines :	2-11	
_							u dodoro undor
pe	ing separately or are legally separated. Fill on the halty of perjury that you and your spouse are leading apart for reasons that do not include evadir	egally separated	under nonban	kruptcy la	w that applie	es or that you and you	
	erage monthly income that you received from all						
the 6 months	r example, if you are filing on September 15, the 6-m, add the income for all 6 months and divide the total the same rental property, put the income from that p	by 6. Fill in the resu	ult. Do not includ	de any incor	me amount m	ore than once. For examp	ole, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	ss wages, salary, tips, bonuses, overtime, aductions).	and commission	ns (before all	\$	6,462.13	\$	
	and maintenance payments. Do not include 3 is filled in.	payments from a	a spouse if	\$	0.00	\$	
of you or from an u and room	Ints from any source which are regularly partyour dependents, including child support. Inmarried partner, members of your household imates. Include regular contributions from a spoon of include payments you listed on line 3.	Include regular of, your dependent	contributions ts, parents,	\$	0.00	\$	
5. Net inco	me from operating a business, profession,						
		Debt	or 1				
	ceipts (before all deductions)	\$ 0.00					
	and necessary operating expenses	-\$ <u>0.00</u>	Copy here ->	¢	0.00	\$	
	hly income from a business, profession, or farm	n \$	copy nere ->	Φ	0.00	Φ	
6. Net inco	me from rental and other real property	Debt	or 1				
Gross red	ceipts (before all deductions)	\$ 0.00					
	and necessary operating expenses	-\$ 0.00					
	hly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	
	dividends and royalties			\$	0.00	\$	

Official Form 122A-1

7. Interest, dividends, and royalties

Case number (*if known*) **25-50650**

			Column A Debtor 1		Column B Debtor 2 or non-filing spouse			
8.	Unemployment compensation			\$	0.00	\$	•	
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		nder					
	For you §	0.00	-					
_	For your spouse	·	-					
9.	Pension or retirement income. Do not include any arbenefit under the Social Security Act. Also, except as a not include any compensation, pension, pay, annuity, united States Government in connection with a disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapter 10 other 10 other than chapter 10 other 10 other than chapter 10 other 10 o	stated in the next sentence or allowance paid by the ity, combat-related injury o ces. If you received any ret pay only to the extent that u would otherwise be entitl	e, do or tired	\$	0.00	\$		
10	Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism; or compensation pension, pay, an United States Government in connection with a disability, or death of a member of the uniformed service sources on a separate page and put the total below	Security Act; payments manity, or international or nuity, or allowance paid by ity, combat-related injury o	y the					
				\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
11	Calculate your total current monthly income. Add li each column. Then add the total for Column A to the to		6	5,462.13	+ \$		= \$	6,462.13
Par	Determine Whether the Means Test Applies	to You					incom	e
12	Calculate your current monthly income for the year	Follow these steps:						
	12a. Copy your total current monthly income from line	11		Col	oy line 11 l	nere=>	\$	6,462.13
	Multiply by 12 (the number of months in a year)						X	12
	12b. The result is your annual income for this part of the	e form				12	b. \$	77,545.56
13	Calculate the median family income that applies to	you. Follow these steps:						
	Fill in the state in which you live.	MS						
	Fill in the number of people in your household.	2						
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link speci			rate instruc	13. tions	\$	64,928.00
14	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. C Go to Part 3. Do NOT fill out or file Officia		k box	1, <i>There i</i> s	no presun	ption of abu	se.	
	14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A–2.	of page 1, check box 2, <i>Th</i>	ne pre	sumption (of abuse is	determined b	by Form 1	22A-2.
Par				. :				
	By signing here, I declare under penalty of perjury	that the information on thi	ııs stat	tement and	d in any atta	achments is t	true and c	orrect.
	X /s/ Emma Christine Everett							
	Emma Christine Everett Signature of Debtor 1							

Emma Christine Everett

Debtor 1

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Debtor 1	Emma Christine Everett	Case number (if known)	25-50650	
	MM / DD / YYYY			
	If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this form.			